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## PATENT

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post-office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SURGICAL IMPLANTS AND DELIVERY SYSTEMS THEREFOR

the specification of which is attached hereto and identified by Cesari and McKenna File No. 105005-0055 and Serial No. 09/214,683

I hereby state that I have reviewed and understand the contents of the above-identified application specification, including the claims, as amended by any amendment specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

## PRIORITY CLAIMED

9614950-5 (Number)	Great Britain (Country)	16 July 1996 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

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I hereby claim the benefit under Title 35, United States Code §120, of the United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56, and which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

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(Application Serial No.) (Filing Date) (Status - Patented, Pending, or Abandoned)

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(Application Serial No.) (Filing Date) (Status - Patented, Pending, or Abandoned)

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(Application Serial No.) (Filing Date) (Status - Patented, Pending, or Abandoned)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

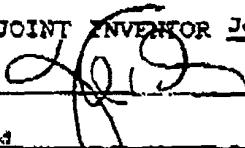
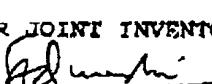
I hereby appoint Robert A. Cesari, Reg. No. 18,381; John F. McKenna, Reg. No. 20,912; Martin J. O'Donnell, Reg. No. 24,204; Thomas C.O'Konski, Reg. No. 26,320; Joseph R. Born, Reg. No. 28,283; David J. Thibodeau, Jr., Reg. No. 31,671; Michael E. Attaya, Reg. No. 31,731; Patricia A. Sheehan, Reg. No. 32,301; Steven J. Frank, Reg. No. 33,497; Charles J. Barbas, Reg. No. 32,959; Paul E. Kudirka, Reg. No. 26,931; and Philip L. Conrad, Reg. No. 34,557, Cesari and McKenna 30 Rowes Wharf, Boston, Mass. 02110,

jointly, and each of them severally, my attorneys and attorney, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith. Please direct all telephone calls to at  
Please address all correspondence to

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FULL NAME OF FIFTH OR JOINT INVENTOR \_\_\_\_\_

INVENTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_